

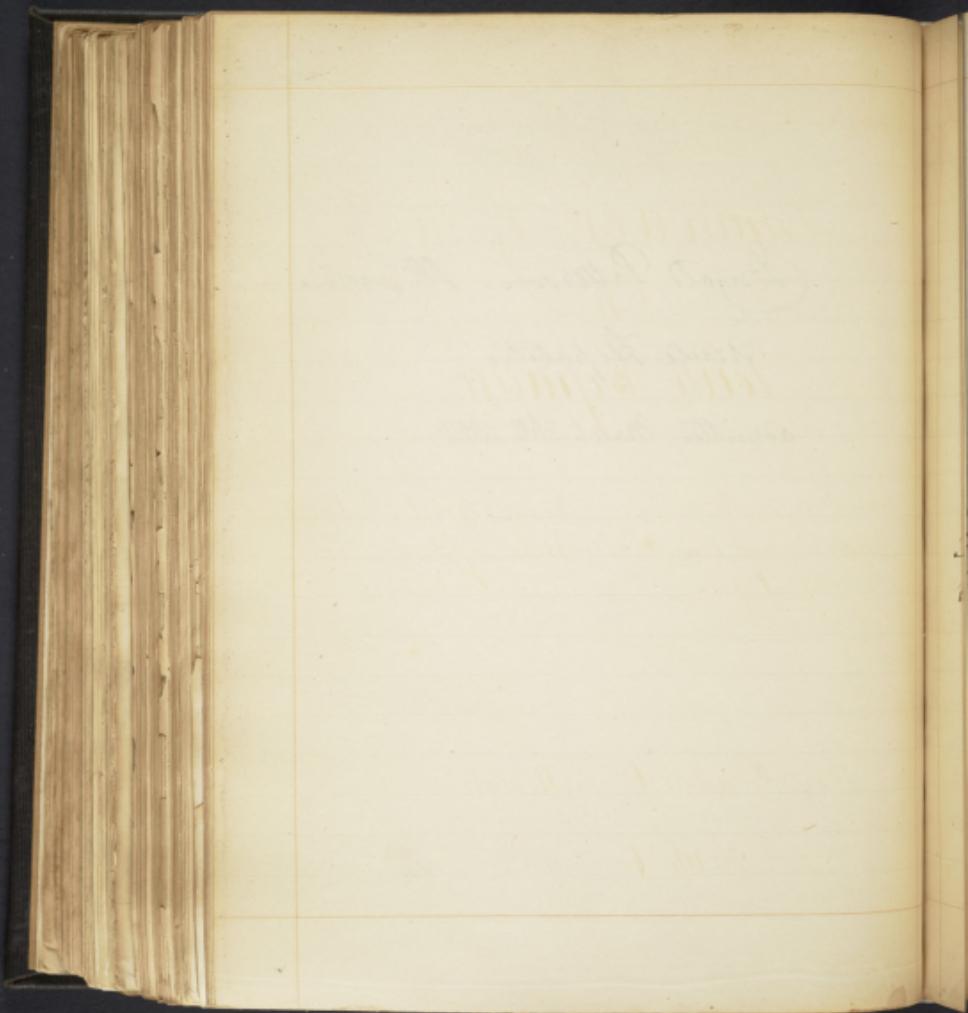
NO 14

W. Patterson
25 Market St. -

Dugald Patterson. Sth Carolina

Acute Hepatitis

admitted March 26th 1822



In
Inaugural Essay
On
Acute Hepatitis

Submitted to the Rector and Medical
Faculty of the University of Pennsylvania,
for the degree of Doctor of Medicine.

By Dugald Patterson
South Carolina.

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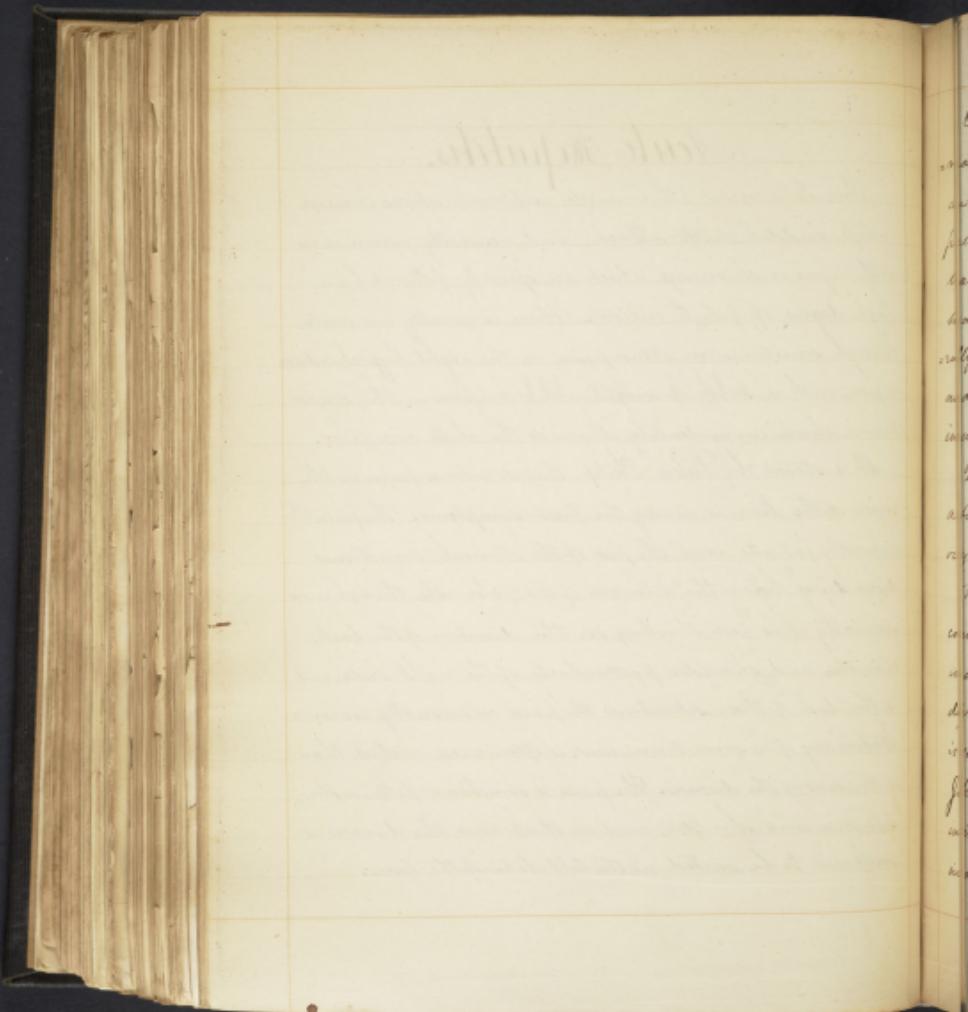
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Acute Hepatitis.

This, like most other acute inflammations, is more or less sudden in its attack, and generally commences with rigors or shivering, which are speedily followed by a high degree of febrile action. There is usually an acute, though sometimes an obtuse pain in the right hypochondriac region, with a sense of weight and oppression in the epigastrum, which immediately succeeds the chills and fever.

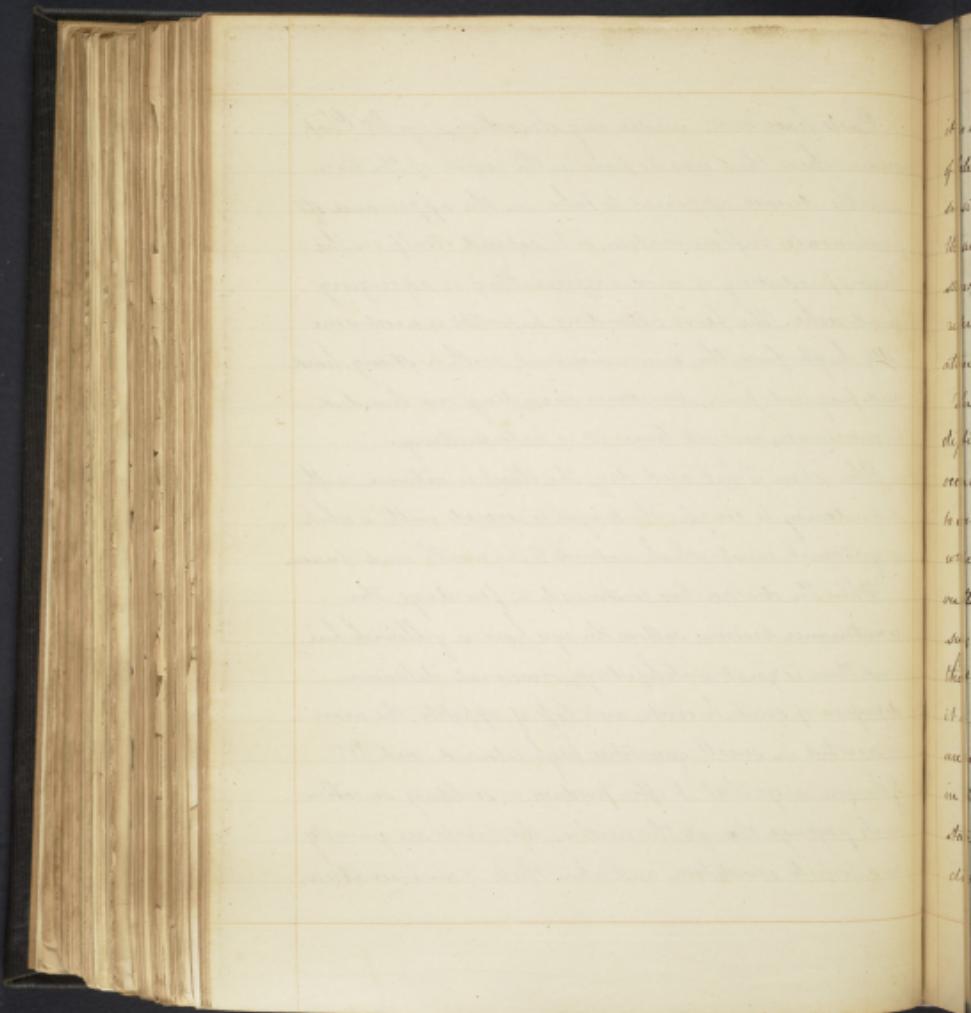
It is stated by Wilson Philip, that sometimes pain in the region of the liver is among the first symptoms. The pain frequently extends across the pit of the stomach, sometimes descending below the margin of the false ribs, though more generally it is felt shooting in the direction of the back, clavicle, and shoulder, particularly of the right side, and in the last of these situations the pain occasionally remains stationary for some time, and is often more violent than in the seat of the disease. The pain is sometimes felt in the left side and shoulder, and in that case the disease is supposed to be seated in the left lobe of the liver.



Cases have come under my observation, says Dr. Chapman, where there was no pain in the region of the liver, and the disease appeared to take on the appearance of pulmonary inflammation, or to expand itself on the brain, producing a most excruciating or agonizing head ache. The fever attending hepatitis is most generally high from the commencement, with a strong, hard and frequent pulse, sometimes exceeding one hundred in a minute, and at times it is intermitting.

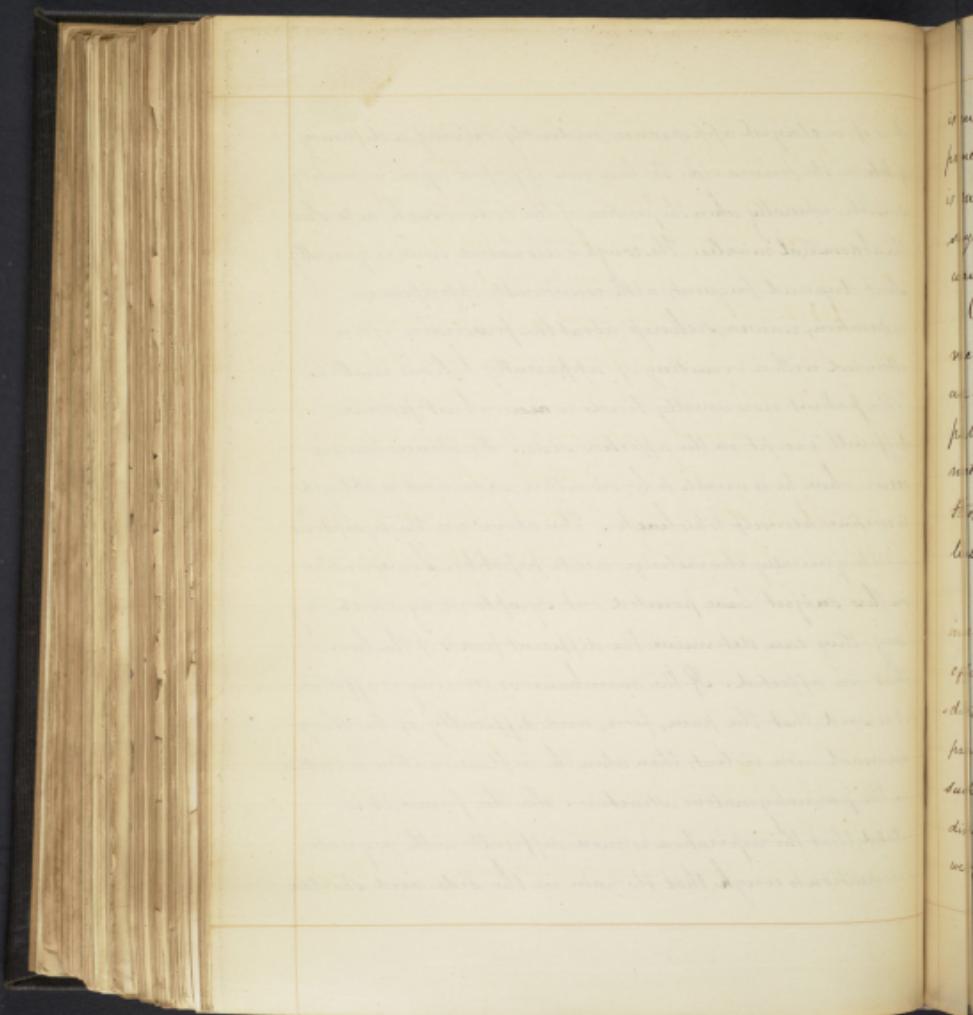
The skin is hot and dry, the thirst is extreme, with a tendency to cough; the tongue is covered with a white or yellowish crust which extends to the mouth and fauces.

When the disease has continued a few days, the countenance becomes sallow, the eyes have a yellowish hue, and there is great watchfulness, occasional delirium, deprision of spirits, hiccup, and loss of appetite; the urine is secreted in small quantities, high coloured, and Dr. Johnson says, that it often produces a scalding sensation in its passage through the urethra; the bowels are generally in a torpid condition, and when there is an evacuation,



it is of a clayish appearance, evidently shewing a deficiency of bile in the prima via. The liver now, if pressed upon, is acutely sensible, especially when the position of the body is such, as to relax the abdominal muscles. The cough is increased and is generally short, dry, and frequent, with considerable oppression in inspiration, nausea, sickness about the precordia, often attended with a vomiting of apparently bilious matter.

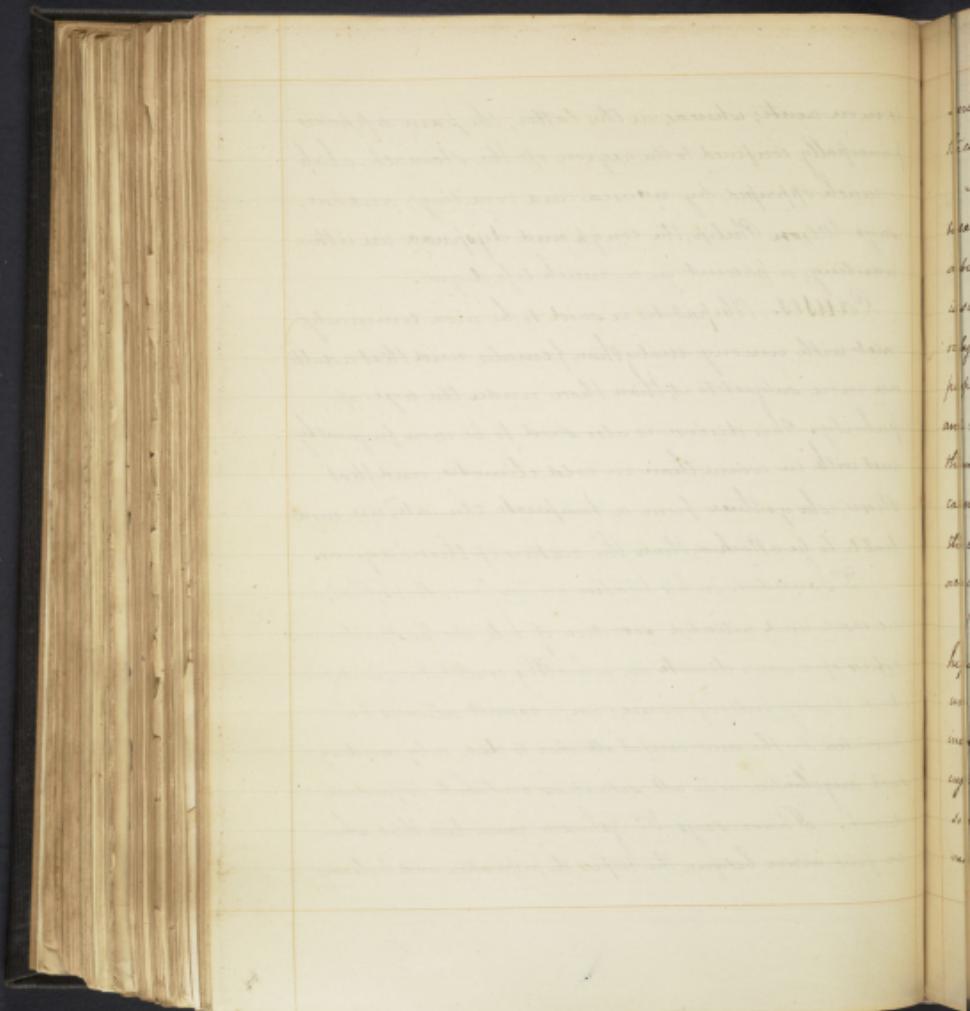
The patient now usually finds a recumbent posture difficult except on the affected side. Instances however occur, where he is unable to lie on either side, and is obliged to confine himself to his back. The above are the symptoms which generally characterize acute hepatitis. Some writers on this subject have pointed out symptoms, by which, they say, they can determine the different parts of the liver, that are affected. If the membranous covering is affected, it is said, that the pain, fever, and difficulty of breathing are much more violent, than when the inflammation is seated in the parenchymatous structure. In the former, it is said, that the respiration is more difficult with a greater disposition to cough, that the pain in the side and shoulder



is more acute; whereas, in the latter, the pain appears principally confined to the region of the Stomach, which is much oppressed by nausea and vomiting; and here, says Wilson Philip, the cough and dyspnoea are either wanting, or present in a much less degree.

CAUSES. Hepatitis is said to be more commonly met with among males than females, and that adults are more subject to it, than those under the age of puberty. This disease is also said to be more frequently met with in warm, than in cold climates; and that those, who go thither from a temperate climate, are more liable to be attacked, than the natives of those regions.

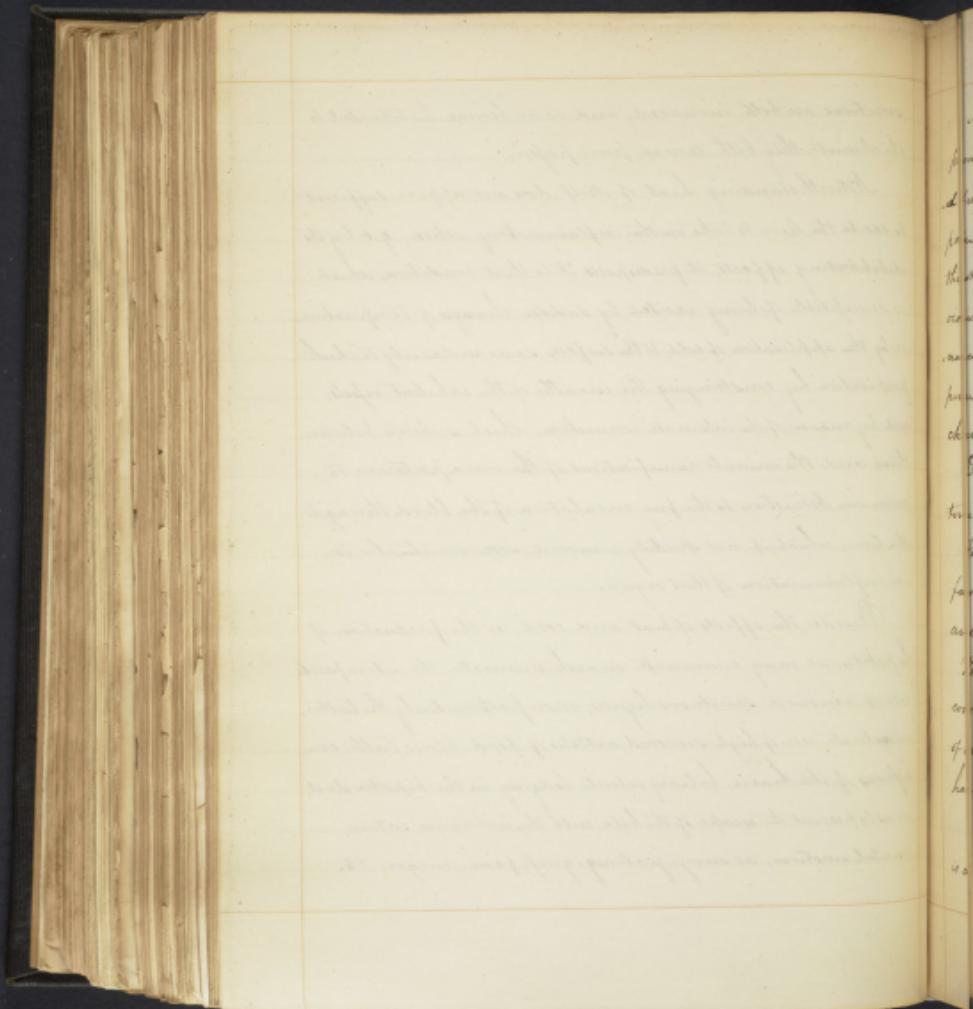
Dr. Saunders, in his treatise on the Liver, states, that, an increased and vivified secretion of bile are the spontaneous effects of a warm climate on a healthy constitution, independent of every intemperance; and cannot always be prevented by the most careful attention to diet, or by avoiding such irregularities, as in all situations, contribute to produce disease. "There," says Dr. Johnson, remarked, that when we first arrive between the tropics, the perspiration and biliary



secretions are both increased, and as we become habituated to the climate, they both decrease *pari passu*.

Notwithstanding heat of itself, does not appear sufficient to excite the liver to take on the inflammatory action; yet by its debilitating effects, it predisposes it to that condition, which is susceptible of being excited by sudden changes of temperature, or by the application of cold to the surface, so as suddenly to check perspiration by constringing the mouths of the exhalent vessels, and by means of the intimate connection, which subsists between them and the minute ramifications of the *vena portarum* to cause an obstruction to the free circulation of the blood through the liver, which, if not speedily removed, soon contributes in an inflammation of that organ.

Besides the effects of heat and cold in the production of hepatitis, we may enumerate marsh miasmatum, the intemperate use of vinous or spirituous liquors, more particularly the latter, immoderate use of highly seasoned articles of food, blows, falls, convulsions of the brain, biliary calculi lodging in the hepatic duct, so as to prevent the escape of the bile into the intestines, certain mental emotions, as envy, jealousy, grief, fear, anger, &c.



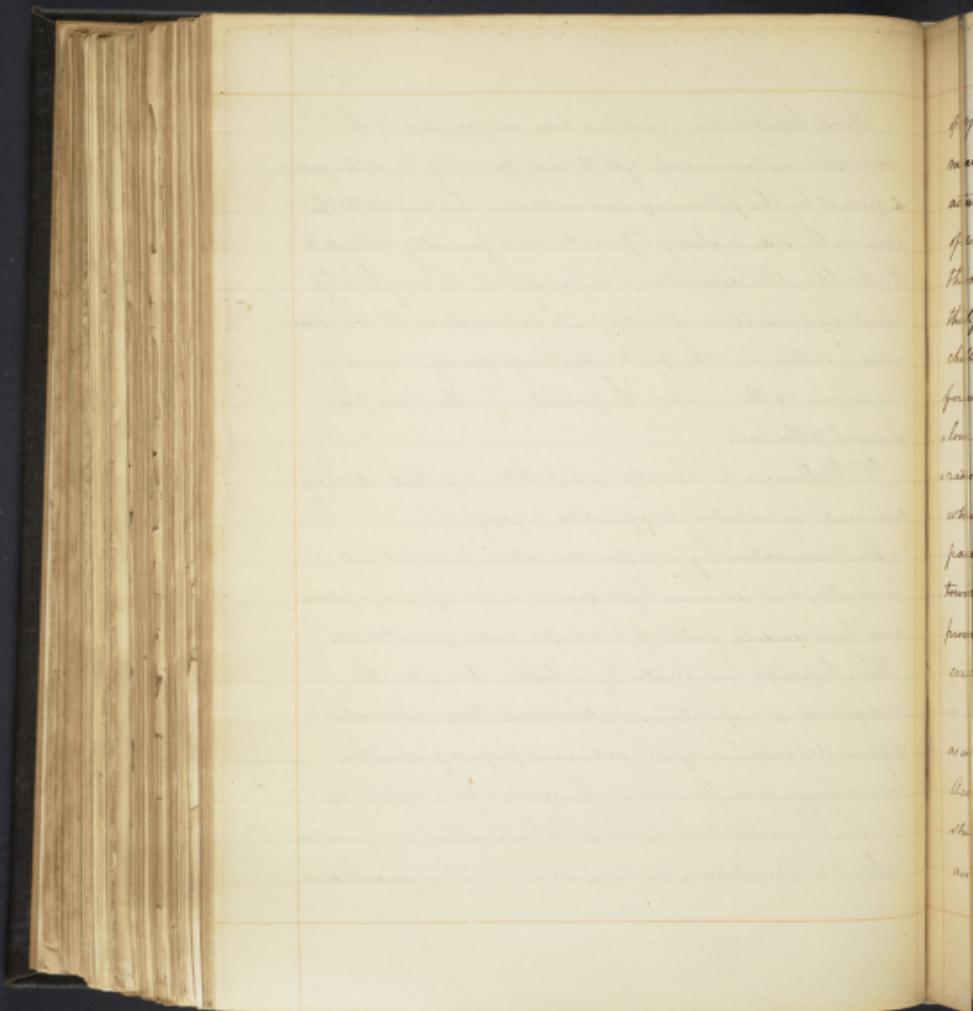
Acute hepatitis has sometimes been confounded with
pneumonic inflammation; yet it may generally be distinguished
from it by the following circumstances. In hepatitis the
pain in the side is always less acute, and generally extends to
the shoulder; the respiration is more natural, the cough is less
violent, and is seldom attended with expectoration; the counte-
nance is sallow, and the spirits are always gloomy; whereas, in
pneumonic inflammation, the patient is for the most part
cheerful to the last.

D^r. Cullen, in his chapter on hepatitis, says, that it may
terminate by resolution, suppuration, or gangrene.

The termination by resolution can alone be considered
favourable, and is known by a general mildness of symptoms,
and their readily yielding to a proper course of treatment.

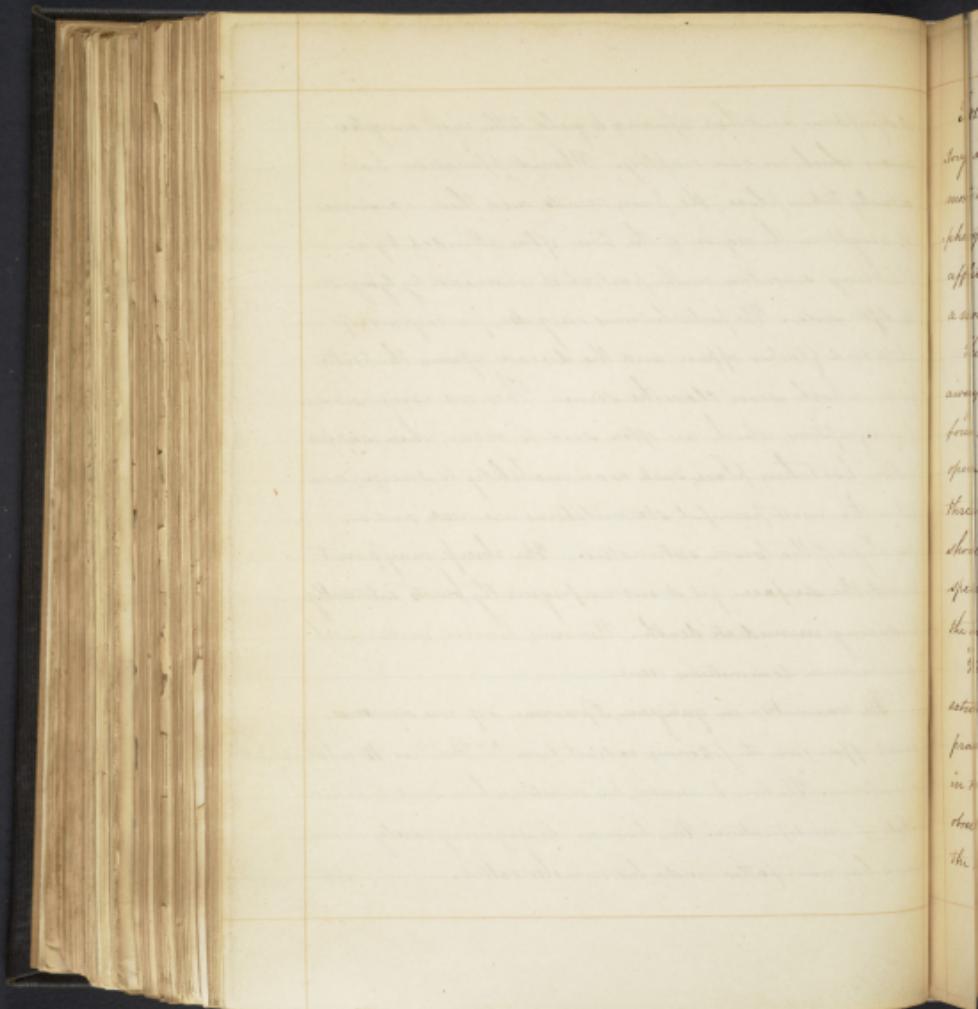
When hepatitis terminates by resolution, it is often the
consequence of a spontaneous diarrhoea, large evacuations
of urine depositing a copious sediment, profuse perspiration,
hemorrhage from the nose, or hemorrhoidal vessels &c.

The characteristic marks, which show that suppuration
is about to take place in the liver, are a general augmentation



of symptoms, and their refusing to yield to the most energetic means, which we can employ. When suppuration has actually taken place, the pain remits, and there is a sense of weight in the region of the liver, often attended by a throbbing sensation in the part, which is increased by lying on the left side. The pulse becomes irregular, paroxysms of chills and flushes appear, and the disease assumes the hectic form, which soon closes the scene. There are some anomalous symptoms, which are often said to occur, when suppuration has taken place, such as an inability to sneeze, even when the most powerful sternutatories are used, and a paralysis of the lower extremitie. The abscess may point towards the surface, yet it not unfrequently bursts internally, producing immediate death. Recovery, however, under such circumstances does sometimes occur.

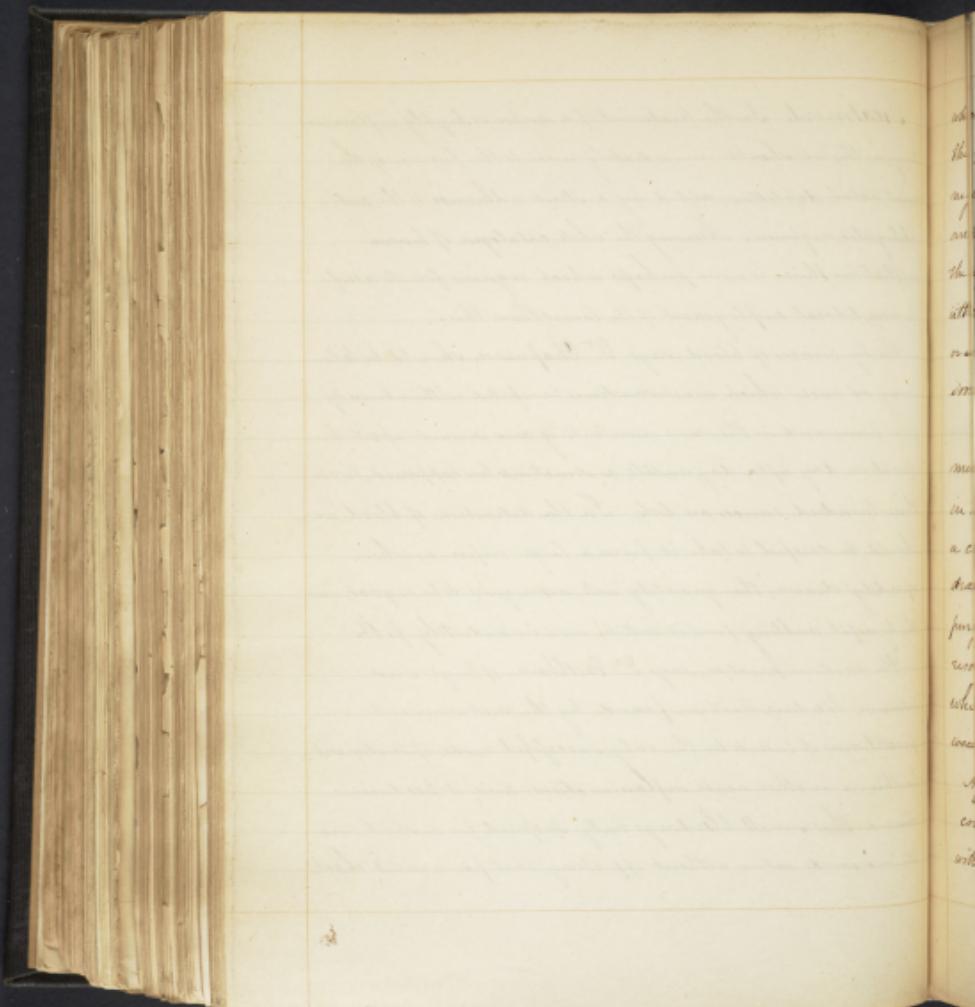
The tumour in gall-gangrene, I presume, is of rare occurrence, as will appear from the following extract from Dr. Willis's Medical Anatomy. "The liver, he observes, has sometimes been said to be in a state of mortification." This, however, he says very rarely occurs, and has never fallen under his own observation.



Treatment. In the treatment of a disease highly inflammatory, as this, we should immediately resort to the full use of the most active depletion, aided by a strict adherence to the antiphlogistic regimen. Among the whole catalogue of human afflictions there is none perhaps which requires for its relief a more liberal employment of the lancet than this.

Thirty ounces of blood says Dr. Chapman, should be taken away at once, which must sometimes be repeated within twenty-four hours, and in the more unrelenting case we must repeat the operation day after day, until, as sometimes has happened, two or three hundred ounces are lost. In the abstraction of blood we should be careful to take it from a large orifice, as when speedily drawn, the quantity will not require to be so great, and the benefit resulting from it will be more immediately felt.

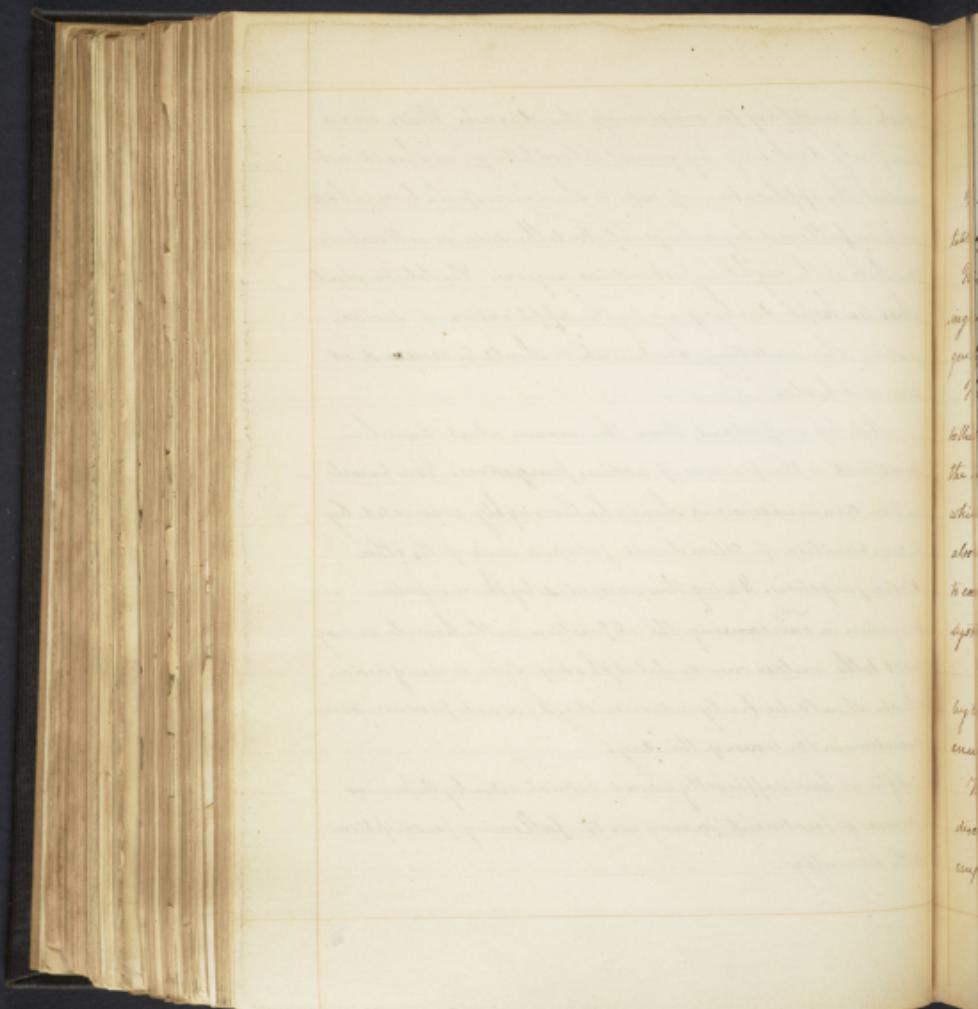
The modern practice, says Dr. Barthorn, of large and extensive bleeding has been found, by the most eminent practitioners of late, to be the only successful mode of treatment in this, as in other acute inflammations, and it has been observed, that small bleedings only, suspend for a short time the increased action without effecting that permanent check



which is necessary for overcoming the disease. While we are thus freely deplating by general bloodletting, we should not neglect the application of cups to the region of the liver, which are to be followed by a large blister to the side, so as to embrace the whole of the right hypochondriac region. The blister should either be kept discharging by the application of Savine, or some other irritating ointments, or should be renewed as soon as it heals.

Not less important than the means which have been mentioned is the free use of active purgatives. The bowel, in the commencement, should be thoroughly evacuated by a combination of Calomel and jalap or some of the other drastic purgatives. Having thus succeeded by the more active purgatives in overcoming the obstruction in the bowels, we may resort to the milder ones, as Sulphat of Soda or magnesia, which should be freely administered, so as to produce several evacuation, in the course of the day.

After we have sufficiently reduced arterial action by the previous course of treatment we may use the following prescription with advantage.



P. Sulphat of Soda or Magnesia 3*j*

Tartarized Antimony 7*l*

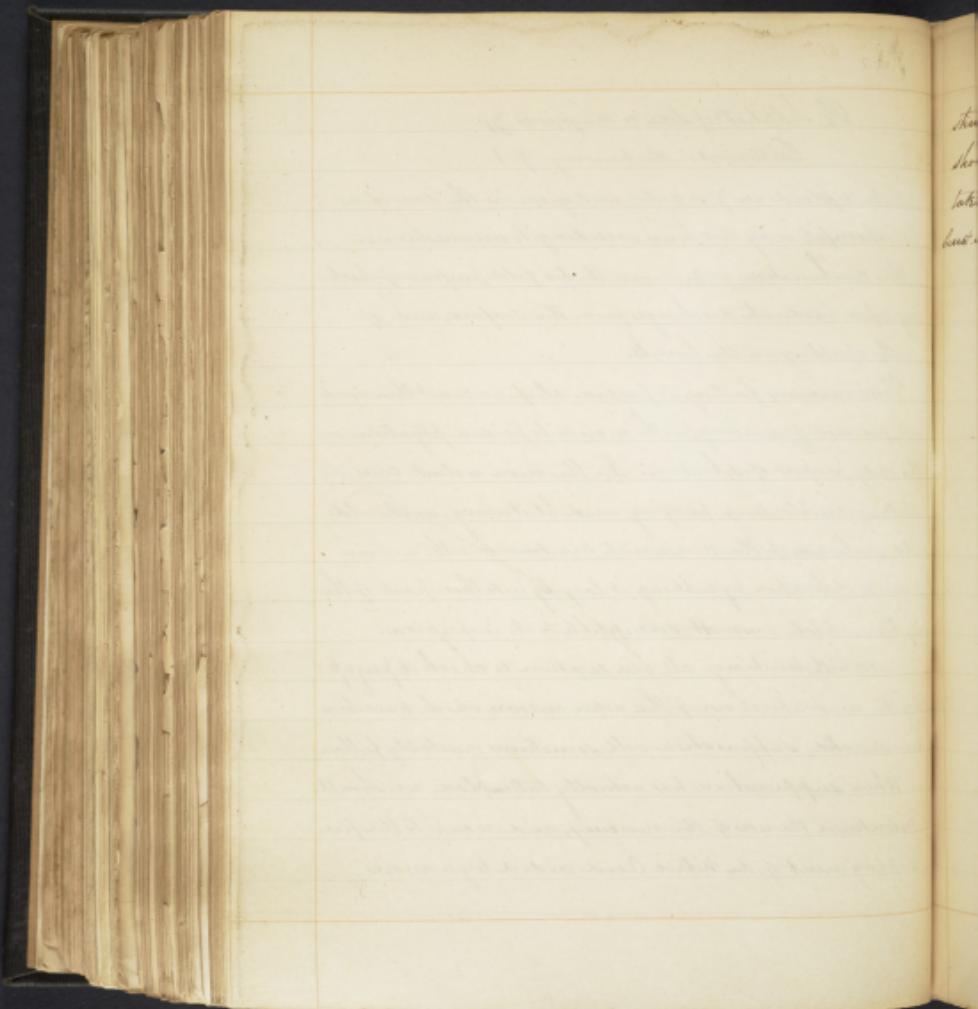
To be dissolved in two water and given in the dose of a table-spoonful every two hours according to circumstances.

This combination will answer the two-fold purpose of keeping up a moderate discharge from the surface, and of gently operating on the bowels.

These measures failing to produce relief, we must then resort to the use of mercury, with a view to produce ptyalism, as the only prospect of salvation. In the more violent cases while we are bleeding, purging, and blistering, we should also make use of the Mercurial Ointment with a view to excite salivation by rubbing it largely into those parts of the system, which are most susceptible to its impressions.

Notwithstanding all our exertion to check it by purging by the most liberal use of the active mercury, which have been mentioned, suppuration will sometimes inevitably follow.

When suppuration has actually taken place, we should discontinue the use of the mercury, and recur to the free employment of the Nitric Acid aided by a more



stimulating diet. When the abscess points externally, it should immediately be opened, as cures have sometimes taken place under such circumstances, but if allowed to burst spontaneously, they most usually prove fatal.

